

REFERENCE CHART OF DISORDERS AND EVIDENCE-BASED TREATMENTS

EVIDENCE-BASED CHILDREN'S MENTAL HEALTH Findings by Treatment Type¹

Disorders/Behavior	Support for Treatment	Positive Effects Consistent Evidence	Inconsistent Evidence Unproven	Comments
ADHD	Evidence-based Treatments & Promising Treatments	<i>Psychosocial</i> Behavioral Parent Training Contingency Management Biofeedback Physical Exercise Relaxation and Physical Exercise Self-Verbalization <i>Pharmacological</i> Methylphenidate (MPH)	Dietary replacement, exclusion; various vitamin, mineral, or herbal regimens; biofeedback; and perceptual stimulation	Not necessary to select one treatment at the expense of the other.
Adjustment Disorder	Promising Treatments	<i>Psychosocial</i> Interpersonal Psychotherapy Cognitive Behavioral Therapy Stress Management Family Therapy Group Therapy		Medication is seldom used as a singular treatment for adjustment disorders because the child requires assistance in coping with the stressor causing the adjustment disorder. Some research suggests that SSRIs may help relieve depressive symptoms, especially in adolescents.

¹ The information contained herein is strictly for informational purposes and is not intended to replace the advice and counsel of a medical professional.

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Anxiety	Evidence-based Treatments	<i>Psychosocial</i> Behavior & Cognitive Behavioral Therapy Exposure therapy Psychoeducation	Play Therapy Psychodynamic Therapy Biofeedback Antihistamines Neuroleptics Herbal Remedies	Educational support treatments have shown some promise. These approaches involve providing support and education about anxiety to parents and children with anxiety problems. There is also some support for the use of hypnosis in children with high levels of test-taking anxiety.
Anorexia Nervosa	Evidence-based Treatments	<i>Psychosocial</i> Nutritional Rehabilitation Family Psychotherapy Inpatient Behavioral Programs <i>Pharmacological Treatments</i> SSRIs	Individual Psychotherapy Group Therapy 12 Step Programs Somatic Treatments	It is important to note that many patients display a limited response to treatment and will require long-term monitoring and intervention. Treatment occurs in three phases: restoring the weight lost; treating psychological and interpersonal issues; and achieving long-term, full recovery.
Binge Eating Disorder	Promising	Effective treatments are those which disrupt the binge-eating cycle and establish a structured pattern of eating to allow the patient to experience less hunger, deprivation, and negative feelings about food and eating.		Treatment goals and strategies for binge eating disorder are similar to those for bulimia nervosa except patients with binge eating disorder may present difficulties associated with being overweight, rather than being malnourished.

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Bipolar Disorders	Evidence-based Treatments	<i>Psychosocial</i> No consistent studies on psychosocial treatments with children <i>Pharmacological Treatments</i> Lithium	Electroconvulsive therapy (no research with children)	Some evidence supporting the use of lithium in the acute phase. No evidence for or against the use of electroconvulsive therapy. Treatment planning should include pharmacologic, social, vocational, academic, and interpersonal components.
Bulimia Nervosa	Evidence-based Treatments	<i>Psychosocial</i> Cognitive Behavioral Therapy Combined Treatments Group Therapy <i>Pharmacological Treatments</i> SSRIs	Bupropion Monoamine Oxidase Inhibitors (MAOIs) Individual Therapy Behavioral Therapy 12-Step Programs	Treatment includes treatment of co-occurring disorders, establishment of regular, non-binge meals, and improvement of attitudes related to the disorder.
Firesetting	Promising Treatments	<i>Psychosocial</i> Cognitive Behavioral Therapy Fire Safety Education		Leaving the child untreated is not beneficial, as the child usually does not outgrow this behavior. There is a strong link between neglect and abuse and firesetting, so placing a child in a safe, supervised family setting can be very effective.
Mental Retardation	Evidence-based Treatments	<i>Psychosocial</i> Individual Therapy Family Therapy Social Skills Training Cognitive Therapy		Treatment is tailored for co-occurring disorders and is based on two guiding principles: normalization and community-based care.

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Oppositional Defiant & Conduct Disorder	Evidence-based Treatments	<i>Psychosocial</i> Parent training based on <i>Living with Children</i> Videotape Modeling Parent Training Multisystemic Therapy Anger Coping Therapy Assertiveness Training Delinquency Prevention Program Rational Emotive Therapy	Boot camps Psychiatric hospitalization Medication trials Brief courses of Cognitive-Behavioral Therapy	Interventions are usually performed in school or home. Various treatment modalities are utilized for treating these disorders, as well as the comorbid disorders accompanying ODD and CD. Medications must only be prescribed in conjunction with psychological interventions, such as parent training and to help with co-occurring mental health disorders.
Pervasive Developmental Disorders (Autism & Asperger's Disorders)	Promising Treatments	<i>Behavior Intervention</i> <ul style="list-style-type: none"> ▪ Educational and Communication-focused Interventions ▪ TEACCH (Treatment and Education of Autistic and related Communication handicapped Children) ▪ Natural Language Methods ▪ (PECS) Picture Exchange Communication System ▪ Behavior Intervention ▪ Joint attention behavior training ▪ Occupational Therapy ▪ Sensory Integration Therapy <i>Pharmacological Treatments</i> <ul style="list-style-type: none"> ▪ Antipsychotics ▪ Psychostimulants 		Studies show that children with autism respond well to a highly structured, specialized education program. Components of such a program may include communication therapy, social skill development, sensory integration therapy and applied behavior analysis.

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Reactive Attachment Disorder			Rebirthing techniques Compression holding therapy	The prevalence of RAD is very rare and its cause is unknown.
Self Injury	Promising Treatments	<i>Psychosocial</i> Cognitive Behavioral Therapy Behavior Modification Addictions Model <i>Pharmacological Treatments</i> SSRIs		Research continuing on psychosocial interventions and medications. Hospitalization used as last resort.
Sex Offending	Promising Treatments	<i>Psychosocial</i> Multisystemic Therapy Residential Sex Offender Treatment		Promising sex offender treatment programs often combine an intensive, multi-modal approach with early intervention. Comprehensive cognitive-behavior programs often focus on taking responsibility for one's sexual behavior, developing victim empathy, and developing skills to prevent future offending. Approaches to the treatment of juvenile sex offenders can vary.
Substance Abuse	Evidence-based Treatments	<i>Psychosocial</i> <ul style="list-style-type: none"> ▪ Cognitive Behavioral Therapy ▪ Group Therapy ▪ Behavioral Therapies ▪ Skills Development ▪ Family Therapy ▪ Multisystemic Therapy ▪ Individual Psychotherapy ▪ Medical Detoxification 		The use of medication should be pursued only as a last resort in the dually-diagnosed population, given the potential for misuse and overdose. Benzodiazepines are usually contraindicated in the presence of a substance abuse disorder due to their addictive properties.

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Tourette's Disorder	Evidence-based Treatments & Promising Treatments	<i>Psychosocial</i> Habit Covariance Habit Reversal Cognitive Behavioral Therapy <i>Pharmacological Treatments</i> Neuroleptics	Plasma exchange or intravenous immunoglobulin (IVIG) Contingency Management Deep Brain Stimulation	When tics interfere with functioning and/or there are other disorders present, medication may be helpful.

EVIDENCE-BASED CHILDREN'S MENTAL HEALTH Findings by Service Setting

Disorders	Support for Treatment	Positive Effects Consistent Evidence	Inconsistent Evidence Unproven	Comments
Juvenile Justice – Multi Modal Interventions	Evidence-based Treatments	Multisystemic Therapy (MST) Wraparound Integrated Systems of Care Functional Family Therapy Cognitive Behavioral Therapy Multidimensional Treatment Foster Care		MST is the most effective treatment for delinquent adolescents and MST shares strengths with other systemic family approaches.

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School Setting Interventions	Promising Approaches	<p>Integration of mental health professionals into the school environment</p> <p>Creation of a “System of Care” within the school environment</p> <p>Engagement of families in educational planning and services</p> <p>Consistent program implementation</p> <p>Other environmental and community factors</p>		<p>Classroom contingency management methods are effective in controlling the behavior of children with conduct problems.</p> <p>Parent- administered reinforcements enhance classroom contingency management.</p>